# OFFICE OF THE CORPORATION COUNSEL CHILD SUPPORT ENFORCEMENT DIVISON BASIC SERVICES PACKAGE

### DATE:

- 1. This package contains a brochure on CSED services and an application form. If you are seeking support from more than one non-custodial parent, complete one form for each.
- 2. Read the brochure carefully to determine if you want the services of the Child Support Enforcement Division (CSED).
- 3. Enclose these items when you send in your application:
  - Three certified copies of each out-of-state order; one certified copy of each D.C. order; Copies of Divorce Decree, Separation Agreements, etc.
  - A one-time \$5.00 non-refundable application fee. (Money Orders and Checks ONLY) NO CASH
- 4. THE APPLICATION FORM MUST BE SIGNED OR IT WILL BE RETURNED TO YOU.
- 5.PLEASE NOTIFY CSED IF A PRIVATE ATTORNEY IS INVOLVED IN YOUR CASE FOR ACTIONS OTHER THAN CHILD SUPPORT MATTERS.
- 6.Please mail materials to our office.

Office of the Corporation Counsel Child Support Enforcement Division 441-4th Street, N.W. 5th Floor Washington, D.C. 20001

WE WILL CONSIDER THIS APPLICATION WITHOUT REGARD TO RACE,

COLOR, SEX, AGE, RELIGION, NATIONAL ORIGIN, OR POLITICAL BELIEF.

DATE:

SERVICES AND FEES BASIC SERVICES

Parents who need to establish a support order or who want to have an existing order enforced are provided a wide range of services including:

Legal services to get or change child support orders.

Wage Withholding to take child support payments from a parent's paycheck.

Paternity testing to help identify a child's father to obtain support.

Collections of child support to provide an automatic accounting of payments paid or owed.

Modification to review and change child support orders at the request of either parent, or the Agency. All child support orders are reviewed every three (3) years.

Parent location to find non-custodial parents for support purposes.

Medical support to require working non-custodial parents to provide health insurance coverage.

More information on the above services is available from OPCSE.

#### SPECIAL SERVICES

These services are tailored to the needs of parents who have their own cases and are not interested in the full range of services:

Parent location to find non-custodial parents (for support purposes only .

Service of Summons to non-custodial parents from out-of-state agencies.

**FEES** 

Services are provided to all eligible applicants.

#### BASIC SERVICES

\$5.00 - One time application fee payable at time of filing. \$50.00 - Summons Service Fee \$25.00 - Federal Tax Refund Intercept Fee \$15.00 - D.C. State Tax Refund Intercept Fee

#### SPECIAL SERVICES

Persons receiving special services pay fees only for services requested and application fee.

\$15.00 - Parent Location (with Social Security Number provided) \$19.00 - Parent Location (without Social Security Number provided)

# OFFICE OF THE CORPORATION COUNSEL CHILD SUPPORT ENFORCEMENT DIVISION CSED PROCESSES AND CLIENT RESPONSIBILITIES

## DATE:

## CSED PROCESSES

- 1. All cases are scheduled on a first come, first served basis.
- 2. Most cases go before a Court Hearing Commissioner.
- 3. An attorney will prosecute your case on behalf of the CSED at all hearings.
- 4. CSED will use all appropriate remedies to enforce Superior Court Family Division orders, including Wage Withholdings and interception of State/Federal tax refunds and Unemployment Compensation benefits.
- 5. All child support payments must be made through the D.C. Superior Court-Finance Branch.
- 6. CSED will attempt to collect any arrears owed to the State.

## CUSTOMER RESPONSIBILITIES

- 1. You must appear at all hearings when your participation is requested. Your attendance at out-of-State hearings/conference is at your discretion.
- 2. You must inform CSED of ANY change of address within five (5) days in writing.
- 3. You must cooperate with CSED in resolving your case and pay all fees when due.
- 4. You must inform CSED, in writing, if you hire a private attorney to represent you.

Date Requested:
Date Received:

## NON-CUSTODIAL PARENT INFORMATION

DATE:				
The following information will be non-custodial parent. Please compl				
Non-custodial parent's Full Name:_ L	ast fir			
Alias, Maiden, or Other Names Used	:			
Race: Date of Birth:	Birthpla	ce:		
Non-custodial parent's Present Hom	e Address: Cur	rent[ ] Last Known[	]	
Street: Apt.#	: Tele	phone		
City: State:	Zip			
Non-custodial parent's Social Secu	rity Number:			
Non-custodial parent is the Child(ren)'s [Mother][Father][Other]:				
Describe the non-custodial parents	:			
Hair Color: Eye Color:	_ Height:	Weight:		
Other identifying features:				
Information about non-custodial pa even if parent is not living.	rent's mother	and father. Complete	e	
Father's	MOTHER'S Name:			
Street:	Street:			
City/State/Zip:	City/State/2	ip:		
Phone ( )	Phone ( )		_	

DATE:
If non-custodial parent was ever in the military, indicate which branch:
[]Army []Navy []Marines []Coast Guard []National Guard []Reserves Branch
Service Dates: Entered Discharged:
Non-custodial parent's Driver's License # State where issued:
Non-custodial parent's Car/Truck License Plate #State:
Job/Occupation
Employer's Name
Address: Tel.#
This employment is []Present [] Last Known
Is health insurance coverage available for the child(ren) from this employer? [ ] yes [ ] no
If health insurance has already been ordered, has it been provided? [ ] yes [ ] no
Insurance Company Name: Policy #
How many years/months have you known the non-custodial parent?-
When did you last see or talk to the non-custodial parent?-
Was the non-custodial parent ever arrested? [ ] yes [ ] no If "Yes", give (approximate) date, location and charge(s)
Is (s)he in jail? [ ] yes [ ] no Where? Release date:
Is the non-custodial parent a member of a union or club, enrolled in college or a training program? [yes] [no]
Where?

## DATE:

Please give any other information that might help us locate the non-custodial parent (for example, the name of someone who can provide additional information).

Does the non-custodial parent have any other minor children? Please name the  $\mbox{child}(\mbox{ren})$  and  $\mbox{custodial parent}.$ 

# APPLICANT (YOUR) INFORMATION

Your Full Name	_Maiden/Other Names Used
Birthdate Sex[ ]M [ ]F	Race
Your Mailing Address Zip Code	State
Home Phone()	Work Phone()
Your Social Security Number	
Your Employer's Name and Address	3
What is your relationship to the Grandparent, Guardian, etc.)	children? (i.e., Mother, Father,
If you are the Guardian, are you	the Legal Guardian?
If "yes", were you named the Leg Please provide proof	gal Guardian by a Court or State Agency?
Are you presently living with, o custodial parent?	or have you ever lived with, the non-
Where did you last live together	?
Are you and the non-custodial pa Married[ ] Divorced[ ] Widowed[	arent currently: ] Separated[ ] Unmarried/Never Married[ ]
If married, please give date of	marriage and place
If divorced or separated, please	e give date

# III. CHILD(REN) INFORMATION

DATE: you seek sup application.	port fro	om the non-	custodial parent na	nmed in this
CHILD'S NAME	SEX		SOCIAL SECURITY	RACE
CONCEIVED IN D.C.	BIRT	HPLACE	YOUR RELATIONS TO CHILD	HIP
decree or date  2. Have you Yes[]No[]	dering of the dering of the derived derived and derived derive	child support  ny CHILD SU please ind	, separation agreem rt, please provide PPORT action in cou icate type of actio	the Court name and  irt on your own? on, date, time,
decree or date	filed ar If yes, wn) and ttorney If yes,	ny CHILD SU please ind location ever repre	rt, please provide  PPORT action in cou icate type of actic	the Court name and  art on your own? on, date, time,  ald support case?
decree ordate  2. Have you Yes[]No[] Court(if known)  3. Has any a Yes[]No attorney	filed and selection of the selection of	ny CHILD SU please ind location ever repre provide th	rt, please provide  PPORT action in coulonicate type of action  sented you in a chien and address	the Court name and  art on your own? on, date, time,  ald support case? of the
decree ordate	filed ar If yes, wn) and ttorney If yes, attorney	ny CHILD SU please ind location.  ever repre provide th  y still rep	rt, please provide  PPORT action in cou  icate type of actic  sented you in a chi e name and address	the Court name and  art on your own? on, date, time,  ald support case? of the  No. a against you in
decree ordate	filed ar If yes, wn) and ttorney If yes, attorney e ever h yes []No	child support  my CHILD SU please ind location.  ever repre provide th  y still rep  orought a concupt a concup a concupt a co	PPORT action in coulcate type of action sented you in a chie e name and address resent you? []Yes[]	the Court name and  art on your own? on, date, time,  ald support case? of the  No. against you in whom?  AFDC), Food children named in

#### DATE:

# CUSTOMER AGREEMENT FOR SERVICES OFFICE OF CORPORATION COUNSEL/CHILD SUPPORT ENFORCEMENT DIVISION

I hereby request the services of the Child Support Enforcement Division (CSED) as outlined in this packet. In doing so, I agree to abide by stated CSED processes and accept the customer responsibilities outlined herein.

I empower CSED to act in my behalf to enter into negotiations with the Non-Custodial Parent or his/her attorney to settle any child support claims which I may have. I further empower CSED to file any necessary legal process against the Non-Custodial Parent.

I understand and agree that:

- \* I will not directly contact the Superior Court-Family Division or any Court personnel with regard to my claim for child support, I will act solely through CSED in pursuing this claim.
- \* I must appear at all hearings where my participation is requested in my case.
- \* CSED will seek an amount of current support in accordance with the District of Columbia Child Support Guidelines.
- \* Child support payments owed me will be paid through the Clerk, D.C. Superior Court.
- \* I will advise CSED, in writing within 5 days, of any change of address or telephone number.
- \* I understand that fees paid to CSED are non-refundable,
- \* I hereby authorize and empower CSED to deduct directly from my support payments, any and all monies owed to CSED for reasons that include, but are not limited to: fees, recovery of monies improperly paid to me, or paid in error, or any other reason--deemed necessary to correct my account.
- \* Under the District of Columbia law, an Assistant Corporation Counsel who prosecutes the child support case is deemed to represent the State Agency, Child Support Enforcement Division, and not me individually.
- \* My non-compliance with any of these provisions or lack of cooperation with the office may be grounds to terminate service, and may be grounds for the office to deny future requests for service.

Signature of	of Applicant	Date